

MAY 0 2 20 01

TECH CENTER 1000, 2000
------------------------

Application Number 09/214,851  Filing Date September 9, 1999  First Named Inventor Group Art Unit 1614  Examiner Name Muirheid Attorney Docket No. 031780.0035  Customer Number 26118 Place Customer Number Bar Code Label Here  Attorney of Record Address Suite 800  City Washington State DC Zip 20005  Country U.S.A. Telephone (202) 220-6000 Facsimile (202) 220-5200  This form cannot be used to change the data associated with an existing Customer Number use "Request for Customer Number Data Change." (PTO/SB/946).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 C.F.R. § 3,73(b) is enclosed. (Form PTO/SB/96).  Altorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without member.	Please type a plus sign (+) inside this box	-, []	-	TECH (	ENTER 1	<u> </u>	<u> </u>		<del></del>
Filing Date  CORRESPONDENCE ADDRESS  APPLICATION  dress to:  Meress to:  Customer Number  Brobeck, Phleger & Harrison LLP Intellectual Property Department  Attorney of Record  Address  City  Washington  Country  Country	PE WA	Application Number		09/214,851					
First Named Inventor Group Art Unit  Group Art Unit  Examiner Name AppLication  Attorney Docket No.  Bries Customer Number  Customer Number  Brobeck, Phleger & Harrison LLP Intellectual Property Department  Attorney of Record Address  Suite 800  City Washington  City Washington  City U.S.A.  Telephone  (202) 220-6000  This form cannot be used to change the data associated with an existing Customer Number use "Request for Customer Number."  Applicant/Inventor.  Assignee of record of the entire interest. Statement under 37 C.F.R. § 3,73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 647 C.F.R. § 1,33(a)(1). Registration Number:  Signature  NOTE: Signature of a lat he ipenfielys or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required. Submit multiple forms in than one signature is required.	CORRESPONDENCE ADDRESS  APPLICATION  Address to: Commissioner for Patents			5	September 9, 1999				
Group Art Unit   Examiner Name   Muirheid   Muirheid			First Named Inver	ntor <b>F</b>	Edward M. SELLERS et al.				
Examiner Name   Muirheid					1614				
Attorney Docket No. 031780.0035    Customer Number   26118			<b></b>		Muirheid				
Customer Number  26118  Place Customer Number  26118  Place Customer Number Bar Code Label Here  Attorney of Record  Address  1333 H Street, N.W.  Address  Suite 800  City Washington State DC Zip 20005  Country U.S.A.  Telephone (202) 220-6000 Facsimile (202) 220-5200  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change."  (PTO/SB/124). I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See §7 C.F.R. § 1.33(a)(1). Registration Number:  Registration No. 34,691  Typed or Printed Name Layreice H. Posorsky  NOTE: Signature Date April 30, 2001  NOTE: Signatures of all the tryenty's or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if than one signature is required. See pelow.				No.	031780.0035				
Attorney of Record  Address  Address  Suite 800  City  Washington  State  DC  Zip  20005  Country  U.S.A.  Telephone  (202) 220-6000  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change."  (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration No.  34,694  NOTE: Signature  NOTE: Signatures of all the ippentitys or assignees of record 6 title entire interest or their representative(s) are required. Submit multiple forms if a the inventity is required, see below:				applica	}	Number	Bar Co	de	
Address Suite 800  City Washington State DC Zip 20005  Country U.S.A. Telephone (202) 220-6000 Facsimile This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change." (PTO/SB/124).  I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application Number: executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number: Typed or Printed Name Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if record are submitted.	Individual Name Inte	obeck, Phlege ellectual Property	r & Harrison LL Department	P					
Address  Suite 800  City  Washington  State  DC  Zip  20005  Country  U.S.A.  Telephone  (202) 220-6000  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change." (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  Typed or Printed Name  Laurerice H. Posorske/  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if than one signature is required, see below".	422	2 U Street N.W.							
City  Country  U.S.A.  Telephone  (202) 220-6000  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change."  (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  Typed or Printed Name  Laurerice H. Pesorske/  Signature  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if the signature is required, see below.	Address								
Telephone  (202) 220-6000  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change." (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  Typed or Printed Name  Lawrence H. Posorske/  Signature  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if than one signature is required, see below.	Address				te DC		Zip	2	20005 
Telephone  (202) 220-6000  This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change."  (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  Registration No.  Typed or Printed Name  Lawrence H. Posonske/  Signature  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if the forms of the entire interest or their representative(s) are required. Submit multiple forms if the forms of the entire interest or their representative(s) are required. Submit multiple forms if the forms of the entire interest or their representative(s) are required. Submit multiple forms if the forms of the entire interest or their representative(s) are required.	City								
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change."  (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 87 C.F.R. § 1.33(a)(1). Registration Number:  Typed or Printed Name  Laurence H. Posorske/  Signature  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if than one signature is required, see below.	Country				103111110				
associated with an existing observed (PTO/SB/124).  I am the:  Applicant/Inventor.  Assignee of record of the entire interest.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).  Attorney or Agent of record.  Registered practitioner named in the application transmittal letter in an application without executed oath or declaration. See 37 C.F.R. § 1.33(a)(1). Registration Number: executed oath or declaration. See 37 C.F.R. § 1.33(a)(1). Registration No.  Typed or Printed Name  Lawrence H. Posorske/  Signature  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if than one signature is required, see below.			a Custo	mer Num	ber. To	change	the C	lata	
than one signature is required,	associated with an exist (PTO/SB/124).  I am the:  Applican Assigned Statement Attorney Register execute	t/Inventor. e of record of the ent under 37 C.F.R or Agent of recorded practitioner nad oath or declarate	entire interest. R. § 3.73(b) is enclos rd. amed in the applica ion. See 87 C.F.R.	ed. (Fo	nsmittal le	SB/96).  etter in pistration Regis	an appli n Numbe stration N	icationer:	without :
than one signature is required,	NOTE: Signatures of all the inventors of	r assignees of record ( w*.	of the entire interest or the	en repres		·			
TOTAL STEEL TOTALS ALE SUBTRIBLES.	than one signature is required,								